

Implementation of graphic health warning labels on tobacco products in India: the interplay between the cigarette and the bidi industries

Sujatha Sankaran,¹ Heikki Hiilamo,² Stanton A Glantz³

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/tobaccocontrol-2013-051536>).

¹Division of Hospital Medicine, University of California, San Francisco, San Francisco, California, USA

²Faculty of Social Sciences, University of Helsinki, Helsinki, Finland

³Department of Medicine, Center for Tobacco Control Research & Education, Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco, San Francisco, California, USA

Correspondence to

Professor Stanton Glantz, 30 Parnassus Suite 366, University of California, San Francisco, CA 94143-1390, USA; glantz@medicine.ucsf.edu

Received 3 January 2014

Revised 29 April 2014

Accepted 14 May 2014

ABSTRACT

Objectives To understand the competition between and among tobacco companies and health groups that led to graphical health warning labels (GHWL) on all tobacco products in India.

Methods Analysis of internal tobacco industry documents in the Legacy Tobacco Document Library, documents obtained through India's Right to Information Act, and news reports.

Results Implementation of GHWLs in India reflects a complex interplay between the government and the cigarette and bidi industries, who have shared as well as conflicting interests. Joint lobbying by national-level tobacco companies (that are foreign subsidiaries of multinationals) and local producers of other forms of tobacco blocked GHWLs for decades and delayed the implementation of effective GHWLs after they were mandated in 2007. Tobacco control activists used public interest lawsuits and the Right to Information Act to win government implementation of GHWLs on cigarette, bidi and smokeless tobacco packs in May 2009 and rotating GHWLs in December 2011.

Conclusions GHWLs in India illustrate how the presence of bidis and cigarettes in the same market creates a complex regulatory environment. The government imposing tobacco control on multinational cigarette companies led to the enforcement of regulation on local forms of tobacco. As other developing countries with high rates of alternate forms of tobacco use establish and enforce GHWL laws, the tobacco control advocacy community can use pressure on the multinational cigarette industry as an indirect tool to force implementation of regulations on other forms of tobacco.

INTRODUCTION

With approximately 275 million tobacco users, India is the world's second largest tobacco market,¹ with 16% using cigarettes produced by three dominant cigarette companies (partially owned by multinational tobacco companies), 26% using bidis produced by a combination of large companies and cottage industry manufacturing, and 58% using smokeless tobacco.¹ Health warning labels (HWL) on tobacco products with graphical elements (GHWL) are more effective than text-only warnings,²⁻³ especially in countries like India with several languages and widespread illiteracy.⁴⁻⁵ Multinational tobacco companies have fiercely opposed implementation of effective GHWLs.⁶⁻⁸ We examine the interplay between cigarette companies and domestic bidi companies, which compete for customers while having shared as well

as conflicting lobbying interests, and public health groups since 1991 that eventually led to rotating GHWLs on cigarette, bidi and smokeless tobacco in December 2011. India illustrates how joint lobbying by multinational tobacco companies and producers of local forms of tobacco blocked GHWLs for years, and how tobacco control advocates finally overcame this obstruction through innovative use of public interest litigation and the Right to Information Act. India also illustrates how promoting tobacco reduction policies that affect multinational cigarette companies can lead them to press for regulation of local forms of tobacco that are often more difficult to regulate. As other developing countries with high rates of alternate forms of tobacco use establish and enforce GHWL laws, tobacco control advocates can use pressure on the cigarette industry as an indirect tool to force GHWLs on other forms of tobacco.

METHODS

We searched the UCSF Legacy Tobacco Documents Library (<http://legacy.library.ucsf.edu>) from September 2012 to January 2013 beginning with 'Indian tobacco industry,' 'Indian government,' 'ITC,' 'GPI,' 'VST,' 'bidi,' 'warning labels,' 'HWL,' and 'GHWL' that were dated between 1990 and 2013, using standard snowball techniques,⁹ then expanded searches to include key people and organisations identified in them and examining documents with adjacent Bates numbers. A total of 140 documents relating to graphic health warning labels in India were chosen for closer analysis. We also reviewed 55 Indian government documents obtained by Hemant Goswami using India's Right to Information Act, 48 of which were used for this study. (These documents are available as an online supplementary file). Ninety-two media stories were obtained from Lexis Nexis Academic Universe using the snowball strategy.

RESULTS

Tobacco industry in India

Three companies control the Indian cigarette market, ITC Limited (32% owned by British American Tobacco (BAT)) with 80% of the market, Godfrey Phillips India (GPI, 25% owned by Philip Morris International) with 12%, and Vazir Sultan Tobacco (VST, 32% owned by BAT) with 8%.¹⁰ (The multinational cigarette companies' role in India has been limited by restrictions on foreign direct investment.) Six of ITC's 10 top shareholders are government-owned insurance companies (including Life Insurance Corporation of India, New India Insurance, General Insurance

To cite: Sankaran S, Hiilamo H, Glantz SA. *Tob Control* Published Online First: [please include Day Month Year] doi:10.1136/tobaccocontrol-2013-051536

Research paper

Corporation of India, the Oriental Insurance Company, and National Insurance Company Limited).¹⁰ In June 2012, Ghulam Nabi Azad, India's Union Minister for Health and Family Welfare, called government ownership of ITC's shares 'a double interest,' continuing, 'On one side you are mobilising the resources through (this investment) and on other side there is a bad impact on the health.'¹¹

Every major political party, including the ruling Congress Party and the major opposition party, the Bharatiya Janata Party (BJP), has accepted money from ITC, totalling at least rupees 124 million (\$2.2 million) between 2005 and 2011,^{12–15} and several members of the ITC board of directors held or had held government office.^{16 17}

About 4.5 million people (0.36% of the Indian population) work in the bidi industry¹⁸ with bidi production concentrated in southern and western states. Small bidi producers receive a heavy tax subsidy so they can sell their products at low prices¹⁹ to small vendors or larger bidi companies for distribution.¹⁰

A shifting tide in tobacco regulation

The process of tobacco regulation in India began with the 1975 Cigarettes Regulation of Production, Supply, and Distribution Act that sought to increase cigarette sales (table 1). The Act required small text health warnings stating that 'cigarette smoking is injurious to health' on the sides of cigarette packages and in advertisements. The Ministry of Health and Family Welfare (MoHFW) saw the warning as far too mild to be effective, but the government's priority was to increase revenue from tobacco.²⁰

By 1991, government thinking had shifted from generating tobacco revenue to protecting people from tobacco-caused harm: the Government of India convened the first National Conference on Tobacco or Health, bringing together public health professionals and academicians advocating for tobacco control. (Tobacco industry representatives, including staff members of ITC, were invited and attended this conference, but during the last session, the secretary moderating the conference noted that their only motive appeared to be to obstruct and delay the session by not allowing others to speak.) In 1995, the parliamentary committee on subordinate legislation recommended adding stronger warning labels to all tobacco products. Over the next 20 years, the tobacco control landscape in India changed with the emergence of non-governmental organisations advocating for tobacco control.²¹ In August 1994, noting the increased tobacco control advocacy among community organisations and academics as well as legislation that the Indian government proposed that included a ban on advertising all tobacco-related products and more 'emphatic' HWLs, BAT's regional operations director wrote to the British High Commission in New Delhi asking that the British government to urge India to allow the tobacco companies to implement voluntary HWL and marketing restrictions in lieu of binding legal requirements.²²

In February 1995, the parliamentary committee on subordinate legislation of the 10th Lok Sabha (the lower house of parliament) examined the regulations under the Cigarettes Regulation of Production, Supply and Distribution Act from 1975 (table 1). In December 1995, the committee recommended strengthening the language in the warnings, adding pictures, and extending the warnings to bidis and smokeless tobacco. Because some committee members were industry representatives and did not sign the report it was not officially accepted by the government. The Central Ministry of Health also constituted an expert committee on the economics of tobacco use.²³

In 1996, the cigarette companies proposed a voluntary code to the Ministry of Commerce that included HWLs and mild marketing restrictions.²⁴ In 1999, the Tobacco Institute of India, the cigarette companies' lobbying organisation, made the same proposal to the Ministry of Commerce.²⁵ Neither voluntary code specified the size or content of the warnings.

Delay and dilution of GHWLs

In 2001, the Ministry of Health's expert committee on the economics of tobacco use concluded that the health costs of tobacco outweighed any economic benefit.²³

In May 2003, parliament passed the Cigarettes and Other Tobacco Products Act (COTPA), prohibiting smoking in public places, establishing smoking and non-smoking areas in hotels, restaurants and airports, limiting tobacco advertising, and requiring that by 2007 all tobacco products carry GHWLs (table 1). In February 2004, India ratified the Framework Convention on Tobacco Control²⁶ (FCTC), which committed India to implementing GHWLs by February 2008. FCTC Article 11 specifies that HWLs shall be rotated periodically and large (at least 30% of the front of the pack), preferably including pictures that would disrupt the impact of brand imagery on the pack.²⁷

When the cigarette and bidi industries realised COTPA's passage was inevitable, they lobbied to centralise all tobacco regulation at the federal level; such language was added in 2004.²⁸ This pre-emption provision prevents localities and states from adopting more stringent policies and shuts off opportunities for tobacco control advocates to lobby for local regulations that decentralised stakeholders could more easily influence.²⁸

In December 2004, 10 months after FCTC ratification, and almost 2 years after enacting COTPA, FCTC-compliant HWLs still had not been implemented, prompting Ruma Kaushik, Advocate of Shimla High Court in the state of Himachal Pradesh, to file public interest litigation against the national government (table 2). In 2004, the Tobacco Growers Welfare Association wrote to Sonia Gandhi, Indian Congress Party leader, asking that COTPA not be implemented, and reported to the MoHFW that Gandhi 'wrote letters for the [then] Prime Minister, Sri AB Vajpayee, not to implement [COTPA].'²⁹

A June 2006 memo from the external affairs minister to the joint secretary of the MoHFW³⁰ described the industry's concerted lobbying effort, which included letters from the Tobacco Institute of India, Godfrey Phillips India and the All India Bidi Federation requesting to further delay and weaken the GHWLs' implementation³¹ (table 3).

In June 2006, the Shimla High Court ordered the government to enforce rules on packaging and labelling of tobacco products in compliance with COTPA and FCTC guidelines by February 2008. In July, the MoHFW released a set of field-tested GHWLs to be used on cigarette, bidi and smokeless tobacco packages for public review (figure 1).

These GHWLs were to contain a skull and crossbones image as recommended by the parliamentary standing committee on Human Resource Development (table 1), cover at least 50% of the display area of packages, and be rotated every 12 months beginning February 2007.³² The MoHFW first proposed the skull and crossbones in the late 1980s, but it was not implemented due to strong industry opposition. The cigarette and bidi industries continued to lobby heavily against the GHWLs,^{30 31} and in January 2007, the MoHFW delayed implementation until 1 June 2007, and in February it requested that the prime minister create a task force to further study the issue.²¹ In

Table 1 Timeline of actions surrounding implementation of GHWLs, tobacco industry strategies and outcomes in India

Date	Actions	Area/jurisdiction	Public health group activity	Tobacco industry activity (cigarette companies vs bidi companies)	Outcome
1975	Indian government passes the Cigarettes Regulation of Production, Supply and Distribution Act, mandating the use of text warning labels on cigarette packs advertisements	Ministries of Commerce, Health and Family Welfare	Unknown	Unknown	Text warning labels implemented in 1975
1980s-1990s	Pro-tobacco control NGOs founded	Throughout India	Multiple NGOs arise to advocate for tobacco control	Unknown	Environment becomes more favourable for tobacco control legislation
1995	Results of Indian Parliamentary Committee studying the 1975 Cigarette Regulation of Production, Supply and Distribution Act conclude that the legislation was ineffective at reducing tobacco use in India	Parliament	Unknown	Unknown	Stage is set for further tobacco control legislation
1995	Parliamentary Committee on Subordinate Legislation recommends use of strongly worded rotating warning label text with pictures and symbols	Lok Sabha (lower house of the parliament)	Unknown	Tobacco industry lobbies for voluntary regulation, then against use of strongly worded rotating text and images	Strongly worded labels with pictures are not implemented
2001	Parliamentary Standing Committee on Human Resource Development recommends use of skull and crossbones on tobacco packages	Rajya Sabha, (upper house of the parliament)	Unknown	Tobacco industry lobbies against implementation of skull and crossbones	Skull and cross bones image dropped in 2007
1999–2003	COTPA process	National	Public health groups advocate for implementation of COTPA	Prior to COTPA, industry lobbies for voluntary code. After COTPA, industry lobbies to weaken provisions of COTPA	Full implementation of COTPA is postponed for several years
2004	India's FCTC ratification	National	Public health groups advocate for ratifying FCTC and for implementing its provisions	Industry lobbies against ratification of FCTC	FCTC is ratified but its provisions are not fully implemented
2006	Public interest litigation is filed asking for enforcement of Article 11 of FCTC, implementation of GHWLs	Himachal Pradesh	Public health groups advocate for enforcement of Article 11 of FCTC	Industry uses economic arguments to argue against implementation of GHWLs	Article 11 of FCTC is enforced in 2012
2006–2009	Tobacco industry lawsuits against GHWL law and lobbying	Tobacco Institute of India	Unknown	To delay implementation of pictorial warning labels	Delay in GHWL implementation until May 2009
2009	GHWL provision goes into effect on all tobacco products	National	Public health groups advocate for stronger warning labels	Industry lobbies to weaken the warning label requirements advised by FCTC	GHWLs that are implemented are criticised by public health groups as weak
Mar 2010	Government introduces new GHWLs depicting oral cancer to be rotated every twelve months and initiated in June 2010	National	Public health groups advocate for these stronger warning labels	Industry lobbies to decrease the size and content of the warning labels	Ministry of Health and Family Welfare continues with strong oral cancer GHWLs
Jun 2010	New rotating GHWL implementation delayed by government to December 2010	National	Public health groups advocate for immediate warning label implementation	Industry lobbies to delay implementation	Implementation delayed until December 2010
Dec 2010	Implementation of GHWLs delayed by government to May 2011	National	Public health groups advocate for more frequent rotation of warning labels and immediate implementation	Industry lobbies for further delay	GHWL rotation changed from every year to every two years, and implementation delayed to May 2011
May 2011	Implementation of GHWLs delayed pictorial warning labels to December 2011	National	Public health groups advocate for no choice given to industry as to what GHWL to include	Industry lobbies for choice of which GHWLs to include	Industry is given choice of which of four images they would like to include on their labels
Dec 2011	New GHWLs on all tobacco products are introduced	National	Public health groups criticise the labels as ineffective	Industry lobbies for delay in implementation	GHWLs are introduced on all tobacco products
Sep 2012	Government announces introduction of three new GHWLs on cigarettes, bidis, and smokeless products to be introduced 1 April 2013	National	Unknown	Industry lobbies for delay in implementation	GHWL implementation occurs in April 2013, when three rotating warning labels for cigarettes, bidis and smokeless tobacco are all implemented

Research paper

Table 2 Key Court Decisions In Public Interest Litigation on Tobacco Control

Court case/decision date	Details
Ramakrishnan and Anr. versus State of Kerala And Ors., 12 July 1999	Plaintiff K Ramakrishnan argued that smoking should be declared a criminal public nuisance under the Indian Penal Code. The Court ruled that smoking in public was a punishable offense because it violated the right to life in the Indian constitution.
Deora versus India and Ors., 2 November 2001	The Court prohibited smoking in eight types of public places on grounds that smoking impinges on constitutional right to life.
Ruma Kaushik, Advocate General of Shimla versus national government, 10 December 2004	Asked that Article 11 of FCTC is followed with regard to warning labels. The Court stated that the government as per FCTC guidelines, had three years after treaty ratification to enforce the implementation of the warning labels.
Union of India versus ITC Limited, 29 September 2008	The Court rejected the stay of implementation of rules prohibiting smoking in public places.
World Lung Foundation South Asia versus Ministry of Health and Family Welfare, 2 February 2011	The World Lung Foundation South Asia sued the Indian government for violating COTPA. The Court ordered the Delhi Commissioner of Police to enforce COTPA.
The Institute of Public Health versus the State Government of Karnataka, 8 February 2011	The Institute of Public Health sued to prevent the Indian Tobacco Board from sponsoring international tobacco promotion events. The Court ordered the Tobacco Board to refrain from sponsoring such events.
Crusade Against Tobacco versus Union of India, <i>et al</i> , 5 October 2011	NGO Crusade Against Tobacco sued the Government of India for granting licenses to restaurants allowing smokers. The court mandated non-smoking areas.
Kerala Voluntary Health Services versus Union of India, <i>et al</i> , 26 March 2012	Kerala VHS sued the Union of India for not penalising tobacco use in films and the sale of tobacco near educational facilities. The Court ruled that though the Indian Constitution guarantees freedom of expression, it also guarantees right to life, which had been violated.
Naya Bans Sarv Vyapar Assoc versus India, 9 November 2012	An association of tobacco wholesalers challenged the ban of the sale of tobacco products within a 100-yard radius of any educational institution. The petition was dismissed and the court imposed costs of rupees 20 000 to be paid by the petitioners to the government.
Health for Millions versus India, 1 January 2013	The cigarette industry challenged rules restricting tobacco advertising and requiring GHWLs on cigarette packs in 2005 in Mumbai High Court. The Mumbai High Court issued an interim order that stayed the implementation of these rules until further study was conducted. The stay was challenged in 2010 by the NGO Health for Millions in the Supreme Court and the Himachal Pradesh High Court. On 4 January 2013, the Supreme Court overturned the 2005 interim order and required the government to implement the rules on tobacco advertising and warning labels.

response, the prime minister created a task force called the Group of Ministers (GOM) to study GHWLs and make recommendations.²¹

In September 2007, a spokesman for the All India Bidi Federation, which represented the large bidi manufacturers, told the magazine, *Economic Times*, 'the skull and bones warning is typically a sign of poison, and the government should not equate tobacco products with poison'³³ (table 3). A senior politician who was a member of the Group of Ministers also argued that the skull and crossbones would offend peoples' religious sensibilities.⁴⁷ However, a survey of more than a thousand people showed that the skull and crossbones symbol was understood to indicate danger by illiterate rural populations and that more than ninety percent of Muslims and Hindus agreed that the symbol did not offend their religious sensibilities.

In July 2007, the Group of Ministers recommended that the skull and crossbones image be optional, allowing the cigarette manufacturers to choose whether or not to include it⁴⁷ (figure 1). The MoHFW followed this recommendation and COTPA was amended in the parliament to completely remove the skull and crossbones in September 2007. The amendment was passed by both houses of parliament without any discussion during a heated debate about India's non-proliferation treaty, demonstrating the enormous lobbying power of the tobacco industry.

The Group of Ministers also recommended to the MoHFW that the warning labels were to only cover 40% on the front of the pack, not 50% on both sides of the pack, as COTPA required. Though the Group asserted that they were catering to public sentiment by decreasing the size of the warning labels, a 2012 survey conducted by the non-governmental organisation HRIDAY (Health Related Information Dissemination Amongst Youth) in four Indian regions showed that 99% of the

respondents supported larger and more effective pictorial warnings included on all tobacco products, including bidis and smokeless tobacco.^{48 49} The MoHFW released the milder GHWLs for use on cigarette, bidi and smokeless tobacco packs (figure 1).

In October 2007, ITC's senior vice president of corporate affairs, Anil Rajput, wrote to Bhavani Thyagarajan, joint secretary of the MoHFW, stating that the implementation of GHWLs in September 2007 would lead to closure of some cigarette manufacturing factories in December 2007 and would 'entail stopping of all manufacturing activities for several months... resulting in substantial revenue loss...'³⁷

In December 2007, in response to the tobacco and bidi industry claims that they could not implement the GHWLs in time because of the lack of proper equipment, the Shimla High Court granted another extension for the implementation of the pictorial image guidelines until March 2008.⁵⁰ In December 2007, the bidi companies lobbied for smaller warning labels using a single colour and either containing a picture of a bidi with a slash through it, a scorpion, or a child on oxygen, with the bidi company being allowed to choose the image.³⁵ In January 2008, the minister of commerce wrote to prime minister, Dr Manmohan Singh, again urging action on the bidi industry's requests in terms of size and colour of the warning labels 'to safeguard the interest of the poor bidi workers.'⁵⁰

Fighting GHWLs in the courts

In 2007, the cigarette and bidi companies filed lawsuits challenging the new GHWL rules on grounds that they did not have enough time to implement them and enforcement was delayed again. In January 2008, the National Organisation for Tobacco Eradication (NOTE), an NGO advocating for

Table 3 Correspondence between lobbyists and the government from 2006 to 2008

Date	Sender	Recipient	Lobbying Requests
6 Jun 2006	Tobacco Institute of India	Ministry of Health and Family Welfare	More time for implementation ³¹
6 Jun 2006	Godfrey Phillips India	Ministry of Health and Family Welfare	More time for implementation ³¹
6 Jun 2006	All India Bidi Federation	Ministry of Health and Family Welfare	Smaller label size, flexibility with colours, more time for implementation ³¹
22 May 2007	Udayan Lall, President of the Tobacco Institute of India	Anbumani Ramadoss, Minister of Health and Family Welfare; Naresh Dayal, Health Secretary, Ministry of Health and Family Welfare; Pranab Mukherjee, External Affairs Minister; Bhavani Thyagarajan, Joint Secretary of Health and Family Welfare	Skull and crossbones image should not be used on GHWLs, should only cover 30% of label, labels would impinge on brand identity, graphic images such as babies with tubes in their nostrils would create trauma and panic, bidis should also have GHWLs but enforcement of GHWLs on bidis would be too difficult because almost half are unbranded and unpackaged, and public would in turn believe that bidis are safer than cigarettes. ³⁴
12 September 2007	Rajnikant Patel, President of the All India Bidi Federation	Anbumani Ramadoss	GHWLs should only cover 30% of the bidi label, bidi company should be able to choose from three images, label should be in same language as bidi name, label should be in a colour that contrasted with the package ³⁵
16 October 2007	Gopal Krishna, Joint Secretary, Ministry of Commerce and Industry	Bhavani Thyagarajan	Time and cost prohibits GHWL implementation ³⁶
22 October 2007	Anil Rajput, Senior Vice President of Corporate Affairs, ITC	Bhavani Thyagarajan	Timeframe for implementation of GHWLs inadequate Less graphic and smaller warning labels should be implemented ³⁷
October 2007	Sai Sankar, Managing Director of VST	Bhavani Thyagarajan	Time and cost prohibits GHWL implementation, company did not receive the CD containing the images early enough It would take at least 36 weeks time to implement the revised GHWLs ³⁸
17 October 2007	Nita Kapoor, Executive Vice President of GPI	Bhavani Thyagarajan	Time and cost prohibits GHWL implementation, company did not receive the CD containing the images early enough It would take at least 36 weeks time to implement the revised GHWLs ³⁹
5 November 2007	Oscar Fernandes, Minister for Labour and Development	Anbumani Ramadoss	Poor rural workers would be adversely affected by GHWL implementation ⁴⁰
7 November 2007	Federation of Andhra Pradesh Tobacco Farmers (cigarette tobacco advocacy organisation)	CP Thakur, Union Health Minister	There should be no restriction on sale around any institution, tobacco farmers will be harmed by GHWLs, tobacco should be treated like other crops, policy is discriminatory against tobacco farmers, alternative employment must be found for millions of tobacco industry workers if this law goes into effect ⁴¹
6 November 2007,	Consortium of Indian Farmers Associations	Oscar Fernandes	Poor farm workers would be adversely affected by GHWL implementation ⁴³
7 November 2007	Federation of Farmers Associations	Oscar Fernandes	Implementing GHWLs will adversely affect economic situation of farmers ⁴²
7 November 2007	G Siva Ram Prasad of the Nellore and Prakasam Districts Tobacco Growers Association	Oscar Fernandes	Use of GHWLs on domestically produced tobacco products would give legally imported and smuggled tobacco products an unfair advantage, harming Indian farmers ²⁹
3 March 2008	Ram Poddar	Naresh Dayal	Lobbying for reduced warning label sizes ⁴⁴
10 March 2008	Ram Poddar, Chairman of the Tobacco Institute of India	Kamal Nath, Minister of Commerce and Industry	GHWLs would only be required for cigarettes, and this would give consumers the impression that bidis and another non-cigarette tobacco products are safer than cigarettes ⁴⁵
1 May 2008	Ram Poddar	CM Sharma, Undersecretary of the Ministry of Health and Family Welfare	Extension of timeframe for GHWL implementation because of difficulty with creating new cylinders ⁴⁶

GHWLs, issued a press release stating the ‘Government of India seems to have fallen prey to the argument of Tobacco Industry that the display of Pictorial warnings would invite decline in Consumption, thereby causing unemployment.’⁵¹ NOTE also argued that the Group of Ministers was likely to be biased: ‘Shri Pranab Mukherjee [Chair of the GOM and then External Affairs Minister] for instance has a massive presence of [bidi] workers in his constituency. Andhra Pradesh, from where Mr. Jaipal Reddy [then Urban Development Minister] hails, is also a tobacco growing state. Hence one cannot expect a larger perspective and sane decision from the GOM.’⁵¹

In March 2008, the government released less explicit GHWLs to be implemented in August 2008 (figure 1), later delayed to November 2008.⁴⁷ In September 2008, the NGO, Health For Millions, filed a public interest lawsuit alleging that the latest set of GHWLs was too mild, that the implementation of COTPA had been diluted to favour the tobacco industry, and asking that the government implement more effective GHWLs.⁴⁷

Conflict between the cigarette and bidi industries

The bidi industry lobbied the government aggressively to exempt bidis from the new laws being formulated regarding GHWLs, while the cigarette industry lobbied the government to

Research paper









Year Released	Tobacco Product	Implemented?	Label
2006	Cigarettes	No	
2007	Cigarettes	No	
2009	Cigarettes	Yes	
2009	Smokeless Tobacco	Yes	
2010	Bidis	Yes	
2011	Cigarettes, Bidis, Smokeless Tobacco	Yes	
2011	Smokeless Tobacco	Yes	
2013	Cigarettes	Yes	

Figure 1 Graphic health warning labels in India, 2008–2013.

require GHWLs on bidis and smokeless tobacco products. On April 16, 2008, after receiving letters from the cigarette industry stating that they did not have time to implement the GHWLs, the MoHFW wrote to the Tobacco Institute indicating that the cigarette industry would only be granted a 3-month extension to create the GHWLs because ‘the industry was therefore well aware of the rule provision for quite some time and should have geared itself to implement it quickly.’⁵² The cigarette industry, accepting the fact that they would have to add GHWLs to their packages, then started lobbying the government to have the GHWL regulations apply to bidis and smokeless tobacco.^{28 34 53 54}

On 6 May 2009, the Supreme Court of India ruled that the latest set of GHWLs should be implemented on 31 May 2009.⁴⁷ GHWLs were finally implemented on cigarette, bidi, and smokeless tobacco packs depicting a lung X-ray and an

image of diseased lungs for cigarette and bidi packs, and a scorpion for smokeless tobacco packs (figure 1).

Many NGOs publicly criticised the GHWLs as too weak to have an impact.^{55 56} As prominent tobacco control advocacy NGO, Voluntary Health Association of India (VHAI), stated in a press release in December 2010, ‘the Union Health Minister ... has yet again compromised on the health of the millions by notifying the ineffective and weak pictorial warnings on tobacco packs.... It is apparent that the Government is repeatedly playing into the hands of a handful of tobacco companies... despite judicial intervention, it is not willing to take any steps towards proper implementation of the packaging and labelling rules, including stronger pictorial warnings.’⁵⁵ In addition, the tobacco companies were not required to rotate the pictorial warnings, giving them the option to choose the least effective pictorial warning that was available.

Responding to the outcry from the NGOs, on March 5, 2010, the Ministry of Health announced a new set of GHWLs depicting oral cancer to be implemented on cigarettes and smokeless tobacco packs on 1 June 2010 (table 1) that would be rotated every 2 years. The Ministry of Health, however, later delayed implementation until 1 December 2010 in response to the cigarette industry’s continuing claims that they would be unable to implement the GHWLs in time. In response, VHAI and HRIDAY joined forces in a campaign to enlist public support for implementing the oral cancer GHWL on 1 December 2010 without further delay.²¹

On 3 December 2010, ITC and GPI announced that they had halted manufacturing at all their plants in press releases, citing that they did not know which pictures to print. An ITC spokesman stated, ‘We cannot produce cigarette packets until we do know what to print on them.’⁵⁷ On 11 December 2010, ITC issued a press release stating that they would not implement the GHWLs until they were given more information from the government about what GHWLs to print. Between December 1 and 23 December the cigarette companies did not implement the new GHWLs, and on 7 December 2010, the MoHFW announced that the GHWL implementation would again be extended, this time until 30 May 2011.⁵⁸

On December 23, 2010, after getting more direction from the MoHFW about which warnings to print, ITC and GPI resumed cigarette production.⁵⁹ In addition, in 2011, India’s MoHFW proposed an amendment to the rules which included four additional pictorial warnings to be used on tobacco and bidi packages, and four additional pictorial warnings for smokeless packages. Implementation of these rules began on 1 December 2011, and allowed tobacco companies to choose any one picture out of each set of four images for smoking and four images for smokeless tobacco.⁵⁷ The new GHWLs started to appear on cigarette, bidi, and smokeless tobacco packs, but did not follow COTPA or the FCTC’s requirements. As the Resource Center for Tobacco Control and the Cancer Institute told the national newspaper, *The Hindu*, with regard to the removal of the skull and crossbones image, ‘If the tobacco industry is given the option of displaying a mild image (diseased lung) it would choose it over the more graphic image of oral cancer.’⁶⁰

The concerted efforts of tobacco control NGOs to lobby the Indian Government continued,⁶⁰ and on 27 September 2012, the MoHFW amended the GHWL rules to include four additional pictorial warning labels to be used for cigarettes and bidis, together with four additional pictorial warning labels for smokeless packages.³² The cigarette and bidi package graphic warnings included three images of diseased lungs and one of

oral cancer. Smokeless tobacco warnings showed four images of oral cancer (figure 1). However, even after the new GHWL rules were announced, the tobacco companies argued that the new labels should only be required on the date of manufacture, not the date of sale. The MoHFW agreed to this stipulation even though the packs do not typically carry the date of manufacture, and as a result, the GHWLs only began to slowly appear several months after they were technically required.

DISCUSSION

Implementation of GHWLs in India shows the complex interplay between the cigarette and bidi industries, who have shared as well as conflicting interests. Joint lobbying by multinational tobacco companies, local bidi producers and smokeless tobacco companies blocked effective GHWLs from 2006 to 2009, including delaying implementation of effective GHWLs even after parliament passed legislation requiring them in 2003.⁶¹ The release of documents showing the conflict of interest between the Indian government and the tobacco industry through the Right to Information Act catalysed public opinion, leading tobacco control activists to innovatively use public interest lawsuits to force implementation of GHWLs for cigarette, bidi and smokeless tobacco packs in May 2009. Even then, the GHWLs were watered down by the fact that the labels only rotate slowly, run one at a time, and the industry was able to choose the pictures they use on packs.

The unique feature of the Indian tobacco market is the interplay between the consolidated cigarette industry and the more diversified bidi industry. Once it was clear that GHWLs would be placed on cigarette packs, the cigarette industry successfully lobbied the government to also require GHWLs on bidis. The argument that the cigarette industry used was that they were at a competitive disadvantage because they were required to place GHWLs on their packages while the bidi industry was not. In making this argument, the cigarette industry implicitly accepted the fact that GHWLs would reduce smoking. Despite the delays in implementation, one of the major advances from the prolonged Indian GHWL story is that the bidi industry, which has escaped taxation and regulation for years under the guise of being a local industry that benefits the poor, is now finally subject to GHWLs. The Indian GHWL battle demonstrates that in markets where alternative forms of tobacco, such as bidis and smokeless tobacco are common, the cigarette companies can be put in the position of using their considerable political power to press for GHWLs on the full range of tobacco products.

As elsewhere,^{62 63} BAT and the Tobacco Institute of India tried to use offers of voluntary warning labels (and restrictions on advertising) to displace mandatory requirements. Indeed, the companies, led by BAT, tried a similar tactic in an effort between 1999 and 2001 to convince countries that the FCTC was not necessary, through Project Cerberus, a proposed worldwide voluntary code for self-regulating tobacco advertising and labelling.^{64 65} Once it became apparent for tobacco companies in India that the enactment of COTPA and the ratification of the FCTC were likely, the tobacco industry shifted from outright opposition to vocally supporting a watered-down version of COTPA over ratification of the FCTC.

The tobacco companies routinely try to secure legislation preempting (removing the authority from) subordinate jurisdictions in which the tobacco companies are weak, and transferring it to jurisdictions where they are strong by securing legislation preempting action at the local or state level.^{66–68} After realising that COTPA was going to be enacted, the cigarette and bidi industries started lobbying for the adoption of federal regulations

that would pre-empt local action to disempower local and state-level tobacco control advocates who might take advantage of decentralised decision making that would likely be more difficult for the companies to influence. The previous evidence on the use of pre-emption is from the USA^{66–68}; India demonstrates that it is a global tobacco industry strategy.

Guidelines for implementing FCTC Article 5.3 recommend avoiding conflicts of interest for government officials and employees and treating a state-owned tobacco industry in the same way as any other tobacco industry.²⁷ The Indian government has substantial financial interests in the cigarette industry, most notably in the biggest cigarette company ITC, and the board of directors of ITC has close links with the government.¹⁷ Political parties' acceptance of the ITC's campaign contributions in India between 2005 and 2012 conflicts with the FCTC Article 5.3 Guidelines for implementation which states that ratifying nations 'should have effective measures to prohibit contributions from the tobacco industry...to political parties.'²⁶ More effective implementation of FCTC Article 5.3 might have at least reduced the delay in adopting efficient GHWLs in India.

One of the tobacco industry's main strategies in developed as well as developing countries is to emphasise the importance of local farming communities.⁶⁹ The Indian cigarette and bidi industries made similar claims to undermine the implementation of GHWLs between 2006 and 2009, arguing in submissions to the government and the press that the livelihood of the farming community, an enormous sector of the Indian economy, would be endangered by GHWLs. By contrast, the 2001 expert committee convened by parliament concluded that in the long run, tobacco cultivation and use drained economic resources rather than adding to them.²³ The tobacco industry is using the same strategy of equating tobacco regulation with harm to farmers in India that they have used globally, despite evidence to the contrary.

India exemplifies how tobacco control measures can be implemented through a combination of persistent lobbying, public interest litigation, and open access to government documents. The Right to Information Act has been important in bringing to light government activities and helped foment the movement among public health advocates for tobacco control implementation by helping them garner public support against the cigarette and bidi industries. The partnership between tobacco control NGOs in India to jointly advocate for tobacco control also lent power to the tobacco control movement. These lessons from India can be used in developing countries which have not yet implemented FCTC-compliant HWLs.⁷⁰

Multinational cigarette companies have feared that countries passing more effective GHWLs would set precedents for others to follow.⁸ The GHWLs proposed in India in 1995 were advanced for the time⁷¹ when only Iceland had GHWLs.⁸ Despite being dropped because of aggressive industry lobbying, India was also the first country to seriously consider and implement a skull and crossbones image. With a growing number of countries proposing GHWLs in the 2000s, the industry used diverse strategies to oppose them in Asia and Latin America.^{72–75} In 2003, when the tobacco bill with GHWLs was passed in India, only two countries (Canada and Brazil; Iceland's were repealed in 1996) had implemented GHWLs.⁷¹ Multinational cigarette companies lobbied aggressively against GHWLs in India because it was a forerunner country with large tobacco markets where the cigarette companies expect to increase sales as smokeless tobacco users and bidi smokers switch to cigarettes.

Research paper

Limitations

The major limitation of this study is the lack of clear evidence elucidating the motives of the Indian government in delaying implementation of GHWLs. After the internal tobacco industry documents became publicly available, the multinational tobacco companies have become more careful in their written communication. There are few documents from bidi and smokeless tobacco companies. As a result, the role that the smokeless tobacco industry may have played in delay and dilution of GHWLs, and the dynamics between the smokeless tobacco companies, the bidi companies and the cigarette industry, could not be fully considered.

CONCLUSIONS

The joint lobbying of multinational tobacco companies and producers of local forms of tobacco blocked the implementation of HWLs in India from 1975 to 2011, but was finally overcome through innovative tobacco control strategies including filing public interest litigation. The top strategies employed by the industry were (1) the use of the economic livelihood argument, (2) promoting regulation of other tobacco products while downplaying the need for regulation of their own tobacco products, (3) lobbying key members of parliament and (4) at times working in concert with the representatives of other tobacco products to delay and dilute implementation of regulations. The top strategies employed by tobacco control advocates were (1) the use of public interest litigation to promote tobacco control and (2) the use of the Right to Information Act to release documents showing the activities of the cigarette and bidi industries as public opinion shifted in support of tobacco regulation. One of the indirect effects of promoting tobacco control on multinational cigarette companies in India was the enforcement of GHWLs on bidis. As other developing countries with high rates of alternate forms of tobacco use establish and enforce GHWL laws, the tobacco control advocacy community can use pressure on the cigarette industry as an indirect tool to force implementation of regulations on alternative forms of tobacco.

What is already known on this subject

The multinational cigarette and domestic tobacco (bidis and smokeless) industry delayed graphic health warning labels in India from 1995, when they were first proposed, until 2011, when they took effect.

What this study adds

- ▶ Tobacco control advocates overcame joint lobbying by multinational tobacco companies and producers of local forms of tobacco to block effective health warning labels through innovative use of public interest litigation.
- ▶ Differences in the objectives of the cigarette and bidi companies eventually facilitated inclusion of warning labels on bidis.
- ▶ India illustrates how promoting tobacco reduction policies that affect multinational cigarette companies can lead them to press for regulation of local forms of tobacco that are often more difficult to regulate.

Acknowledgements We acknowledge the invaluable assistance given by Hemant Goswami, who obtained and made public a host of relevant documents using India's Right to Information Act, Monika Arora, who gave her considerable insight about GHWLs in India, and CNN-IBN reporter Shalini Anand, who provided valuable insight and background information about the GHWL battle in India.

Contributors SS and SAG developed the idea for the study. SS did most of the data collection. All three authors participated in writing the paper.

Funding This work was partly funded by National Cancer Institute Grant CA-087472. The funding agency played no role in the definition of the research question, conduct of the research, or preparation of the manuscript.

Competing interests None.

Provenance and peer review Not commissioned; externally peer reviewed.

Data sharing statement The unpublished documents cited in this paper are available as a supplemental file associated with this manuscript.

REFERENCES

- 1 WHO. *Global Adult Tobacco Survey*. World Health Organization, 2010. <http://whoindia.org/EN/section20/section25.1861.htm> (accessed 27 Dec 2013).
- 2 Hammond D. Health Warning Messages on Tobacco Products: A Review. *Tob Control* 2011;20:327–37.
- 3 Hammond D, Fong GT, Borland R, et al. Text and Graphic Warnings on Cigarette Packages: Findings from the International Tobacco Control Four Country Study. *Am J Prev Med* 2007;32:202–9.
- 4 Aftab M, Kolben D, Lurie P. International Cigarette Labelling Practices. *Tob Control* 1999;8:368–72.
- 5 Browne J, Hennessey-Lavery S, Rogers K. Worth More Than a Thousand Words: Picture-Based Tobacco Warning Labels and Language Rights in the U.S. Reports on Industry Activity from Outside UCSF. San Francisco; 2007.
- 6 Alechnowicz K, Chapman S. The Philippine Tobacco Industry: "The Strongest Tobacco Lobby in Asia". *Tob Control* 2004;13(Suppl 2):ii71–8.
- 7 Assunta M, Chapman S. A Mire of Highly Subjective and Ineffective Voluntary Guidelines: Tobacco Industry Efforts to Thwart Tobacco Control in Malaysia. *Tob Control* 2004;13(Suppl 2):ii43–50.
- 8 Hilamo J, Crosbie E, Glantz SA. The Evolution of Health Warning Labels on Cigarette Packs: The Role of Precedents, and Tobacco Industry Strategies to Block Diffusion. *Tob Control* 2014;23:e2. doi:10.1136/tobaccocontrol-2012-050541.
- 9 Carter SM. Tobacco Document Research Reporting. *Tob Control* 2005;14:368–76.
- 10 Campaign for Tobacco-Free Kids. *Tobacco Industry Profile—India* 2010.
- 11 Anand S. Govt-Run Firms Violate Treaty for Tobacco Control. 2012. <http://ibnlive.in.com/news/govtrun-firms-violate-treaty-for-tobacco-control/263360-3.html> (accessed 4 Mar 2014).
- 12 Indian Tobacco Company. Annual Report 2005.
- 13 Indian Tobacco Company. Annual Report 2009.
- 14 Indian Tobacco Company. Annual Report 2010.
- 15 Indian Tobacco Company. Annual Report 2011.
- 16 ITC. Board of Directors. 2013. <http://www.itcportal.com/about-itc/leadership/board-of-directors.aspx> (accessed 20 Jun 2013).
- 17 Indian Tobacco Company. Annual Report 2012.
- 18 World Health Organization. *Bidi Smoking and Public Health in India*. 2010.
- 19 Krishnan M. In India, Bidi Industry's Clout Trumps Health Initiatives 2011.
- 20 Reddy KS, Gupta PK. Report on Tobacco Control in India. Ministry of Health & Family Welfare, Government of India, 2004.
- 21 Arora M, Yadav A. Pictorial Health Warnings on Tobacco Products in India: Sociopolitical and Legal Developments. *The National Medical Journal of India* 2010;23:357–9.
- 22 Davis N. Proposed Legislation to Ban Advertising of Tobacco Products in India. 19 Aug. 1994. British American Tobacco. <http://legacy.library.ucsf.edu/tid/ras41a99> (accessed 25 Jan 2013).
- 23 Government of India. Government of India Report of the Expert Committee on the Economics of Tobacco Use New Delhi, India; 2001.
- 24 Opukah S. Voluntary Code. 12 Mar. 1996. British American Tobacco. <http://legacy.library.ucsf.edu/tid/vjs63a99> (accessed 25 Jan 2013).
- 25 Tobacco Institute of India. *Proposed Voluntary Code for the Marketing of Tobacco Products*. British American Tobacco, 1999. <http://legacy.library.ucsf.edu/tid/vjs63a99> (accessed 25 Jan 2013).
- 26 World Health Organization. Framework Convention on Tobacco Control. Geneva; 2003.
- 27 WHO. Framework Convention on Tobacco Control Conference of the Parties. Guidelines for Implementation of the WHO TCTC.
- 28 Lall U. *Communication between Udayan Lall of the Tobacco Institute of India and Anbumani Ramdoss of the Ministry of Health and Family Welfare, Annexure 1* 2007.
- 29 The Tobacco Growers Welfare Association. *Communication from the Tobacco Growers Welfare Association to Sonia Gandhi* 2004.

- 30 Gupta P. *Communication between Pradeep Gupta to Bhavani Thyagarajan*. June 2006.
- 31 Sharma CM. *Internal Memo from C.M. Sharma to the Ministry of Health and Family Welfare*. Hemant Goswami's collection released by FOIA. June 6, 2006.
- 32 Government of India. Cigarettes and Other Tobacco Products (Packaging and Labelling) Amendment Rules, 2012.
- 33 Bhushan R, Prasad GC. Mandatory Pictorial Warning to Push up Cigarette Cos' Costs. *The Economic Times* September 8, 2007.
- 34 Lall U. *Communication between Udayan Lall and Pranab Mukherjee* May 22, 2007.
- 35 Patel R. *Communication between Rajnikant Patel and Ambumani Ramdoss* September 12, 2007.
- 36 Krishna G. *Communication between Gopal Krishna and Bhavani Thyagarajan* October 16, 2007.
- 37 Rajput A. *Communication between Anil Rajput and Bhavani Thyagarajan* October 22, 2007.
- 38 Sankar NS. *Communication between N. Sai Sankar and Bhavani Thyagarajan*. 2007.
- 39 Kapoor N. *Communication between Nita Kapoor and Bhavani Thyagarajan* October 17, 2007.
- 40 Fernandes O. *Communication between Oscar Fernandes and Anbumani Ramdoss*. November 5, 2007.
- 41 Federation of Andhra Pradesh Tobacco Farmers. *Communication from Federation of Andhra Pradesh Tobacco Farmers to Union Minister C.P. Thakur* 2007.
- 42 Federation of Farmers Associations. *Communication between Federation of Farmers Associations and Oscar Fernandes*. November 7, 2007.
- 43 Fernandes O. *Communication between Oscar Fernandes and the Consortium of Indian Farmers Associations*. November 6, 2007.
- 44 Poddar RA. *Communication between R.A. Poddar and Shri Kamal Nath*. March 10, 2008.
- 45 Poddar RA. *Communication between R.A. Poddar and Naresh Dayal*. March 3, 2008.
- 46 Poddar RA. *Communication between R.A. Poddar and C.M. Sharma*. May 1, 2008.
- 47 Reddy SK, Arora M. Pictorial Health Warnings Are a Must for Effective Tobacco Control. *Indian J Med Res* 2009;129:468–71.
- 48 Arora M, Tewari A, Nazar G, *et al*. Ineffective Pictorial Health Warnings on Tobacco Products: Lessons Learnt from India. *Indian J Public Health* 2012;56:61–4.
- 49 Raute L, Mangesh S, Pednekar M, *et al*. Pictorial Health Warnings on Cigarette Packs: A Population Based Study Findings from India. *Tobacco Use Insights* 2009;2:11–6.
- 50 Reddy S. *Communication between Sanjeeva Reddy and Manmohan Singh*. January 2008.
- 51 National Organization for Tobacco Eradication (NOTE). Press Release. January 12, 2008.
- 52 Sharma CM. *Correspondence between C.M. Sharma and Udayan Lall*. April 16, 2008.
- 53 Lall U. *Communication between Udayan Lall and Bhavani Thyagarajan*. India. May 11, 2007.
- 54 Lall U. *Correspondence between Udayan Lall and Anbumani Ramdoss*. 2008.
- 55 The Hindu. *Thumbs Down for Weak Pictorial Tobacco Warnings*. The Hindu December 27, 2010.
- 56 Oswal K, Raute L, Pednekar M, *et al*. Are Current Tobacco Pictorial Warnings in India Effective? *Asian Pacific J Cancer Prev* 2011;12:121–4.
- 57 PTI. Will Resume Cigarette Production Only after Govt Order: ITC *Economic Times*. December 11, 2010.
- 58 PTI. Cigarette, Bidi Cos Win a Year's Reprieve on Warnings. *Economic Times* December 8, 2010.
- 59 PTI. Godfrey Phillips, ITC Resume Cigarette Production. *Economic Times* December 23, 2010.
- 60 Kannan R. New Pictorial Warnings for Tobacco Products Notified. *The Hindu* June 4, 2011.
- 61 Oswal K, Pednekar M, Gupta P. Tobacco Industry Interference for Pictorial Warnings. *Indian J Cancer* 2010;47:s101–4.
- 62 Sebie EM, Schoj V, Glantz SA. Smokefree Environments in Latin America: On the Road to Real Change? *Prev Control* 2008;3:21–35.
- 63 Samet J, Wipfli H, Perez-Padilla R, *et al*. Mexico and the Tobacco Industry: Doing the Wrong Thing for the Right Reason? *BMJ* 2006;332:353–4.
- 64 Mamudu HM, Hammond R, Glantz S. Tobacco Industry Attempts to Counter the World Bank Report Curbing the Epidemic and Obstruct the WHO Framework Convention on Tobacco Control. *Soc Sci Med* 2008;67:1690–9.
- 65 Mamudu HM, Hammond R, Glantz SA. Project Cerberus: Tobacco Industry Strategy to Create an Alternative to the Framework Convention on Tobacco Control. *Am J Pub Health* 2008;98:1630–42.
- 66 Mowery PD, Babb S, Hobart R, *et al*. The Impact of State Preemption of Local Smoking Restrictions on Public Health Protections and Changes in Social Norms. *J Environ Public Health* 2012;2012:632629.
- 67 Nixon ML, Mahmoud L, Glantz SA. Tobacco Industry Litigation to Deter Local Public Health Ordinances: The Industry Usually Loses in Court. *Tob Control* 2004;13:65–73.
- 68 O'Connor JC, MacNeil A, Chiriqui JF, *et al*. Preemption of Local Smoke-Free Air Ordinances: The Implications of Judicial Opinions for Meeting National Health Objectives. *J Law Med Ethics* 2008;36:403–12, 214.
- 69 Otanez M, Glantz SA. Social Responsibility in Tobacco Production? Tobacco Companies' Use of Green Supply Chains to Obscure the Real Costs of Tobacco Farming. *Tob Control* 2011;20:403–11.
- 70 Tumwine J. Implementation of the Framework Convention on Tobacco Control in Africa: Current Status of Legislation. *Int J Environ Res Public Health* 2011;8:4312–31.
- 71 Canadian Cancer Society. *Cigarette Package Health Warnings. International Status Report*. October 2012. http://www.cancer.ca/Canada-wide/About%20us/Media%20centre/CW-Media%20releases/CW-2012/~/_media/CCS/Canada%20wide/Files%20List/English%20files%20heading/PDF%20-%20Communications/CCS-intl%20warnings%20report%202012-4%20MB.ashx
- 72 Crosbie E, Glantz SA. Tobacco Industry Argues Domestic Trademark Laws and International Treaties Preclude Cigarette Health Warning Labels, Despite Consistent Legal Advice That the Argument Is Invalid. *Tob Control* 2014;23:e7.
- 73 Crosbie E, Sebie EM, Glantz SA. Tobacco Industry Success in Costa Rica: the Importance of FCTC Article 5.3. *Salud Publica Mex* 2012;54:28–38.
- 74 Sebie EM, Blanco A, Glantz S. Cigarette Labeling Policies in Latin America and the Caribbean: Progress and Obstacles. *Salud Publica de Mexico* 2010;52:s233–243.
- 75 Alderete M, Gutkowski P, Shammah C. Health Is Not Negotiable. Civil Society against the Tobacco Industry's Strategies in Latin America. Case Studies 2010–2012. Argentina; 2010–12.



Implementation of graphic health warning labels on tobacco products in India: the interplay between the cigarette and the bidi industries

Sujatha Sankaran, Heikki Hiilamo and Stanton A Glantz

Tob Control published online June 20, 2014

doi: 10.1136/tobaccocontrol-2013-051536

Updated information and services can be found at:

<http://tobaccocontrol.bmj.com/content/early/2014/06/20/tobaccocontrol-2013-051536.full.html>

These include:

Data Supplement

"Supplementary Data"

<http://tobaccocontrol.bmj.com/content/suppl/2014/06/20/tobaccocontrol-2013-051536.DC1.html>

References

This article cites 25 articles, 10 of which can be accessed free at:

<http://tobaccocontrol.bmj.com/content/early/2014/06/20/tobaccocontrol-2013-051536.full.html#ref-list-1>

P<P

Published online June 20, 2014 in advance of the print journal.

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

Advance online articles have been peer reviewed, accepted for publication, edited and typeset, but have not yet appeared in the paper journal. Advance online articles are citable and establish publication priority; they are indexed by PubMed from initial publication. Citations to Advance online articles must include the digital object identifier (DOIs) and date of initial publication.

To request permissions go to:

<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:

<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:

<http://group.bmj.com/subscribe/>